



ENGLISH LANGUAGE LEARNERS IN-HOME PROGRAM

TUTOR APPLICATION

Return to Mailing Address: 1894 E. William St. #4-125, Carson City, NV 89701 - or - Email to: ana.englishinhomeprogram@gmail.com

Prospective Volunteers will receive consideration without discrimination of sex, race, color, religion, sexual orientation, gender identity or expression, age, disability or national origin or handicap. The English Language Learners In-Home Program (ELL) is an Equal Opportunity organization

Application Date: _____

Print Full Name: _____	Date of Birth _____	Age: _____
Home Address: _____	City: _____	State: _____ Zip: _____
County: _____	Home Phone: _____	Cell Phone: _____
Email Address: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

For statistical purposes: Hispanic/Latino Asian African Caucasian Native American Other _____ prefer not to state

Tutor's Availability (2days): Mon. Tue. Wed. Thurs. Fri. Sat. Sun. Times: _____

I will tutor in Student's Home; My Home; School classroom; Public Site (i.e., library) _____

Online: SKYPE; ZOOM; Facetime, WhatsApp

I want to tutor: Non/Limited Eng. Learner Eng. Conversation GED Computer Citizenship

Have you ever been terminated involuntarily from a paid or volunteer position or suspended from an educational institution? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain circumstances _____
Have you ever been convicted of a crime, pled guilty to a charge, pled no contest, or have a case pending? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain circumstances _____
Have you ever been criminally charged with any crime(s) related to the mistreatment, abuse or molestation of children? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain circumstances _____

DO YOU SPEAK A FOREIGN LANGUAGE? (not required for tutoring) Yes No
If Yes, What Language? _____ Fair Good Fluent
Do you want to learn a foreign language? Yes No If Yes, What Language? _____

Level of Education: <input type="checkbox"/> Less than 12 th grade <input type="checkbox"/> High School/HSE/GED <input type="checkbox"/> Some College <input type="checkbox"/> Undergrad Degree <input type="checkbox"/> Graduate Degree
EDUCATION: Name/Location _____ Major/Degree _____ Dates Attended (From- To) _____
High School: _____
College: _____
University: _____
Other: _____
WORK HISTORY:
Current Employer: _____ City/State: _____ Phone: _____
Job Position and Duties: _____ Start Date _____ End Date _____
Previous Employer: _____ City/State: _____ Phone: _____
Job Position and Duties: _____ Start Date _____ End Date _____

HOW DID YOU FIND OUR PROGRAM? (Friend/Tutor/Internet,etc.) _____

Please Complete Other Side.....>

Are you willing to have a background check? Yes No

Attending monthly Tutor Meetings is mandatory. Yes No

Are you willing to perform other duties (i.e., fundraising/training other tutors)? Yes No

Business Reference: _____ Phone _____

Personal Reference: _____ Phone _____

Personal Reference: _____ Phone _____

I certify that all statements contained in this application and any attachments are true and correct and that this application is submitted with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of or dismissal as a volunteer tutor.

I hereby authorize any and all persons having information concerning me, either of public record or otherwise, to furnish it to the authorized agent of the English Language Learners In-Home Program.

If I fail to keep my commitments (specifically tutoring and submitting monthly time sheets), I agree to return all tutor books (Laubach Teacher's Manual and Illustration) and other material given to me. If materials cannot be returned, I agree to reimburse the ELL In-Home Program the cost for each book. I understand that this is a no-cost-to-student program, that my services are on a volunteer and/or internship basis **and that I will not receive remuneration from ELL In-Home Program and assigned students.**

I have a valid driver's license, and am at least 17 years of age and I have and will maintain valid insurance coverage with a minimum amount of - \$100,000 per person/\$300,000 per occurrence for bodily injury
(\$500,000 for vehicles with more than 5 passengers)
- \$50,000 property damage per occurrence
- \$5,000 per person for medical payment

My insurance provides primary coverage in case of an accident up to the amount of the insured coverage. ELL In-Home Program's insurance provides secondary coverage for liability only if necessary in excess of the limits of my coverage. ELL In-Home Program of Northern Nevada's insurance does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.

I hereby expressly waive, release and forever discharge the ELL In-Home Program and its agents, from any and all manner of action and causes of action whatsoever (including auto accidents), which I, my administrators or executors can, shall, or may have against the ELL In-Home Program, or its agents, as a result of my volunteering with the ELL In-Home Program.

Print Name : _____ Date: _____

Signature: _____ (electronic signature ok)

OFFICE USE ONLY:

Name of Tutor Trainer: _____ **City/State:** _____ **Date** _____

Student(s) **Start Date** **Book Level** **Days** **Time** **Location**

Student(s)	Start Date	Book Level	Days	Time	Location

TutorTrainer'sComments: _____

